

## DEPARTMENT OF HEALTH SERVICES

714/44 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



TO: All County Welfare Directors  
All County Administrative Officers

February 9, 1990  
Letter No: 90-19

SUBJECT: MEDICAL SUPPORT/THIRD PARTY LIABILITY PROGRAM (TPL) -GUIDELINES  
(Includes forms/stock discussion for MEDI-CAL and AFDC programs)

Medical support and revised third party liability (TPL) enforcement regulations for the Medi-Cal program are expected to be filed shortly. Counties are to implement the program no later than April 1, 1990. According to these regulations, the applicant/beneficiary must cooperate by establishing paternity of children born out of wedlock for whom aid is requested, providing information about possible entitlement to medical support and payments available through any third party, and assigning their rights to any medical care and services to the state. Under certain conditions, good cause for noncooperation in establishing paternity, medical support payments or TPL may be established. However, consistent with state and federal law, there are no provisions for a finding of good cause when the applicant/beneficiary refuses to assign his/her rights to medical support, payments, care, and services.

These regulations are virtually identical to the child support regulations implemented by the Department of Social Services (DSS) in the Aid to Families with Dependent Children (AFDC) program (Reference: DSS Manual of Policy and Procedures (MPP) Sections 43-100, 43-200). The Department of Health Services (DHS) draft regulations are included as Enclosure 1. DHS also has adapted DSS' child support procedures for the Medi-Cal program and will use the same forms and referral process (Reference: DSS Family Support Division (FSD) LETTER NO: 15 of 5/31/89, Title IV-D Child and Spousal Support Program Procedure Manual). The medical support/TPL guidelines for the Medi-Cal program are included as Enclosure 2. Procedures Section 15G will be updated shortly to incorporate these changes.

Please notify the applicant/beneficiary that if he/she receives direct payment for medical support or services which were paid for by Medi-Cal and does not forward payments to DHS, Recovery Branch will pursue reimbursement from him/her.

## FORMS DISCUSSION

Most of the forms necessary for medical support enforcement are DSS forms which have been or are in the process of being revised for joint

which have been or are in the process of being revised for joint DSS/DHS use.

Counties will need to reproduce or print stock locally until stock is available in the DSS Warehouse. Stock orders for DSS forms should be submitted to the DSS Warehouse on the County Forms Order, GEN 727B, according to normal procedures. Camera ready copies of the DSS forms may be requested from the DSS Forms Management Bureau at (916) 322-8738 or ATSS 492-8768.

1. The Temporary MC 217A (Medi-Cal Responsibility Checklist Attachment (Enclosure 3) is required to reflect changes made as a result of the new medical support/TPL regulations. A camera ready copy is attached for county use until the new DHS MC 210 (Cover Sheet) comes out early in 1990. Keep the original in the file and give the applicant a copy.
2. The CA 2.1 Child/Spousal and Medical Notice and Agreement (CA 2.1 Notice and Agreement) (Enclosure 4) has been revised to include medical support language. Keep the original in the file and give the applicant a copy. We expect the English language stock of the CA 2.1 Notice and Agreement to be available in the DSS Warehouse by April 15, 1990. Stock of the CA 2.1 Notice and Agreement Spanish translation will be available shortly thereafter. The CA 2.1 Notice and Agreement (12/89 revision) will be translated into Spanish, Cambodian, Chinese, Lao, and Vietnamese. Camera ready copies of the Asian translations of this form will be sent under separate cover from the DSS Language Services Bureau to County Forms Coordinators who currently receive language translations. (Note for the AFDC program: Language regarding the new CS 870 (Attestation Statement) is included on the CA 2.1 Notice and Agreement. An explanation of the CS 870 can be found in item #6 below.) Reference: DSS All County Letter (ACL) 89-96 11/1/89 and DSS All County Information Notice (ACIN) I-84-89).
3. The CA 2.1 Child Support Questionnaire (Enclosure 5) is currently being revised by DSS to include medical support language but it is usable in its present form in the meantime. The revision should be available in September of 1990. Keep the original CA 2.1 Questionnaire the file and route copies of the completed form to the District Attorney (DA) via a CA 371 and to DHS Other Coverage Section. Cambodian, Chinese, Lao, and Vietnamese camera ready translations of the CA 2.1 Questionnaire are already available. The CA 2.1 Questionnaire Spanish translation is currently available in the DSS Warehouse.
4. The CA 371 Referral to District Attorney for Action on AFDC/Medi-Cal Absent Parent (Enclosure 6) has been revised to include medical support/TPL language. A camera ready copy is attached. Stock of the CA 371 should be available by March 1, 1990. The CA 371 will not be translated. (Note for AFDC program: Refer to ACIN I-84-89. All Medi-Cal recipients with medical coverage regardless of the type of coverage must complete a DHS 6155 (Revised 5/89). Refer to DHS All County Welfare Directors Letter 89-89, 10/20/89.)

5. The Temporary DHS 51 Support- Good Cause Claim for Noncooperation

(Enclosure 7-Front) will be used until the CA 51 revision is completed by DSS (no later than March 1990). You will need to reproduce four copies per applicant until the CA 51 is available. Instructions For Use (Enclosure 7-Back) may be photocopied on the back of the fourth copy. Order the CA 51 from the DSS Warehouse when it becomes available.

6. The CS 870 Attestation Statement (Enclosure 8) will only be used by the DA. It is attached only for informational purposes. The CS 870 is used to give the applicant an opportunity to attest (swear), under penalty of perjury, that he/she has provided all available information regarding the absent parent. A determination of noncooperation cannot be made without giving the applicant an opportunity to complete a CS 870. Reference: DSS ACL 89-96.

If you have any questions regarding the medical support/TPL enforcement program, please contact Sue Jackson of my staff at (916) 322-5298 (ATSS 492-5298).

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Family Support Division

Expiration Date: February 9, 1991

# DRAFT

ENCLOSURE 1

Section 50060.6 Medical Support. Medical support is any liability or payment for the purpose of medical care available under a court or administrative order.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14008.6, 14023, and 14024, Welfare and Institutions Code.

- (2) If the referral described in (1) above has previously been provided to the district attorney, the county shall promptly report to the district attorney whenever good cause has been claimed. The district attorney will suspend all activities to establish paternity or secure medical support until notified of a final determination of good cause by the county.
- (3) The county shall promptly report to the district attorney all cases in which it has been determined that there is or is not good cause for refusal to cooperate as specified in Section 50771.5. The district attorney will not undertake to establish paternity or secure support if there has been a finding of good cause unless there also has been a determination by the county that the district attorney may proceed without the participation of the parent or caretaker relative. If there has been such a determination, the district attorney may undertake to establish paternity or secure support but may not involve the parent or caretaker relative.
- (4) If the county department determines that the applicant or beneficiary and the child on behalf of whom the application was filed are not eligible, the applicant or beneficiary shall be informed that he/she may go to the district attorney for help in locating the absent parent(s) of the child, collecting child and medical support for the child, and establishing paternity.

- (5) The county department shall provide the district attorney with any information requested concerning medical support cases and shall advise the district attorney in writing if any of the following circumstances arise:
- (A) A person is added to or deleted from the MFBU.
  - (B) The child ceases living with the person who is receiving Medi-Cal on his/her behalf.
  - (C) A child moves out of foster care and begins living with a parent or relative.
  - (D) A child has been accepted for adoption by a public or private adoption agency or such an acceptance has been terminated.
  - (E) Medi-Cal benefits have been discontinued.
- (6) If the district attorney notifies the county department that the applicant or beneficiary has not cooperated, the county shall verify the facts, determine whether he/she had good cause for failure to cooperate, and notify the district attorney of the determination.
- (7) Prior to making a final determination of good cause for refusing to cooperate, the county shall:
- (A) Afford the district attorney the opportunity to review and comment on the findings and basis for the proposed

determination;

(B) Consider any recommendation from the district attorney;  
and

(C) Give the district attorney the opportunity to participate  
as a witness in any hearing that results from an  
applicant's or beneficiary's appeal of any county action  
relating to establishing paternity or securing medical  
support.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions  
Code. Reference: Sections 10000, 10058, 10747, 10800, 10963, 11000,  
and 14008.6, and 14016, Welfare and Institutions Code.

50157. Face-to-Face Interview.

(a-e) No Change

(f) The representative of the agency conducting the interview shall verbally advise the applicant, beneficiary, or the person completing the Statement of Facts, in detail of the:

(1-11) No Change.

(12) Assignment of Rights Requirements as follows:

(A) Assignment to the state by an applicant, beneficiary, caretaker relative, or individual applying on behalf of an applicant of rights to medical support and to payments for medical care from a third party is a condition of eligibility.

(B) Receipt of Medi-Cal benefits shall constitute an assignment by operation of law except as provided below. This means that receipt of Medi-Cal benefits shall constitute automatic assignment of these rights that the individual may assign in his/her own behalf, or in behalf of any other family member for whom he/she has the legal authority to assign such rights, as required in Section 50185.

(C) The county shall advise the individual that he/she has the right to refuse to assign these rights on behalf of himself/herself or the child on whose behalf application



is made.

(D) An applicant, beneficiary, parent, or caretaker relative who does not wish to assign his/her rights or the rights of a person for whom he/she can legally assign rights to medical support and payments shall be given the opportunity to withdraw his/her Medi-Cal application, as specified in Section 50155.

(E) Refusal of the individual to assign these rights shall result in his/her denial or discontinuance of Medi-Cal eligibility.

(13) Responsibility of the applicant, beneficiary, parent, caretaker relative, or individual applying on behalf of the applicant to cooperate in:

(A) The identification and location of the absent parent.

(B) The establishment of paternity for a child born out of wedlock for whom aid is requested.

(C) Obtaining medical support and payments.

(D) Identifying and providing information concerning any third party who is or may be liable for medical care and services, unless good cause exists for not cooperating as specified in Section 50771.5.

Failure of the applicant, beneficiary, parent, caretaker relative, or individual acting on behalf of an applicant to comply with the above shall result in his/her denial or discontinuance of

eligibility.

(12) (14) Applicant's or beneficiary's responsibilities as specified in Sections 50185 and 50187 which include but are not limited to:

(A) Responsibility to report to the county department when Medi-Cal may be billed for health care services received by the beneficiary as a result of an accident or injury caused by some other person's action or failure to act.

(B) Responsibility to report any changes in circumstances which may affect eligibility or share of cost within 10 calendar days following the date the change occurred.

(C) Requirement to furnish Social Security account numbers for all persons for whom Medi-Cal is requested.

(D) Requirement to apply for Medicare, if eligible, and furnish the Health Insurance Claim Number.

(g) During the interview, the representative of the agency conducting the interview shall complete and explain the contents of the following forms:

(1) The "Rights of Persons Requesting Medi-Cal" (MC 216) form--and the--Medi-Cal--Responsibilities-Cheeklist if the forms was not completed and explained during screening-;

- (2) The Medi-Cal Responsibilities Checklist (MC 217);
- (3) The Child Support Questionnaire (CA 2.1 Questionnaire) and the Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice of Agreement); and
- (4) Any other form specified by the district attorney and approved by the Department of Health Services.

(1h) The person being interviewed shall sign and date the forms in subsection (g) which were completed and explained during the interview.

(2i) The original of each the MC 216 form and, if applicable, the CA 2.1 Questionnaire, and CA 2.1 Notice and Agreement, shall be placed in the case file.

(3j) A copy of each-form the MC 216 and, if applicable, the CA 2.1 Notice and Agreement shall be given to the person being interviewed.

(hk) An informational pamphlet on the CHDP program shall be given to the applicant, if there are persons under 21 years of age in the family.

(il) The representative of the agency conducting the interview shall document by a notation on the Statement of Facts that the requirements of the CHDP program, as specified in (f) (4) and (hk) and Section 50184 (b), have been met.

NOTE: Authority cited: Section 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 11004, 14000, 14001, 14005, 14005.4, 14008.6, 14010, 14011, 14012, 14023, 14100.2, and 14124.91, Welfare and Institutions Code.

50175. Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact.

(a) The application shall be denied or eligibility shall be discontinued under any one of the following circumstances:

- (1) There is insufficient information available to make an eligibility determination, after the county department has made a reasonable effort to obtain the necessary information.
- (2) The applicant or person completing the Statement of Facts fails, without good cause, to provide necessary verification or to cooperate with the county department in resolving incomplete, inconsistent or unclear information on the Statement of Facts.
- (3) The beneficiary fails, without good cause, to return a status report required under Section 50191(a) or (b).
- (4) The applicant or beneficiary fails, without good cause, to participate in the face-to-face interview in accordance with Section 50157.
- (5) The applicant or beneficiary fails, without good cause, to respond within 10 days to a letter from the county department identifying information received from the IEVS and requesting further information.

(6) The county department, after reasonable attempts to contact the applicant or beneficiary, determines that there is a loss of contact.

(7) The applicant or beneficiary:

(A) Refuses to assign to the state all rights to medical support and payments as specified in Section 50185(a)(11).

(B) Fails to cooperate with the state, county department, and the district attorney's office, without good cause, as specified in Section 50771.5 in:

(1) Providing information to establish paternity for a child born out of wedlock for whom aid is requested;

(2) Obtaining medical support and payments; and

(3) Identifying and providing information to assist the state, county, or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, or support.

In the case of a refusal to assign rights or to cooperate in (B) above, the parent or caretaker relative will be given the opportunity to withdraw his/her application. Refusal to withdraw the application shall result in his/her ineligibility as specified in Section 50379.

- (b) No Change.
- (c) For purposes of this section good cause includes, but is not limited to:
  - (1) Failure of the county to provide the beneficiary with the status report form or with the information that failure to complete and return the form may result in discontinuance.
  - (2) Failure of the postal system to deliver the required status report forms in a timely manner.
  - (3) Physical or mental illness or incapacity of the beneficiary and the authorized representative which precludes their completion or return of the completed status report form in a timely manner, or which precludes their participation in the face-to-face interview.
  - (4) A level of literacy of the beneficiary and the authorized representative which, in conjunction with other social or language barriers, precludes the beneficiary and the authorized representative from completing the status report.
  - (5) Failure of the county to properly process the submitted Statement of Facts or status report form.

(6) Unavailability of transportation to the county department for the face-to-face interview.

(7) A determination by the county department that the applicant or beneficiary (1) failed to cooperate in obtaining medical support and payments for himself/herself and for any other individual for whom he/she is applying; in identifying and providing information to assist the state, county, and/or district attorney in pursuing any third party who is or may be liable to pay for medical care, services, and support; and in establishing paternity, but (2) met the good cause criteria specified in Section 50771.5.

NOTE: Authority Cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 11004, 11050, 14001, 14011, 14012, 14014, and 14016, and 14008.6, Welfare and Institutions Code; and 42 Code of Federal Regulations 435.955(c)(2).



50185.     Applicant Applicants' and Beneficiary Beneficiaries' General  
Responsibility Responsibilities.

(a)     Applicants and beneficiaries whose eligibility is determined by the  
county department or persons acting on behalf of such applicants or  
beneficiaries shall, as a condition of eligibility:

- (1)     Complete and participate in the completion of all documents  
required in the application process or in the determination of  
continuing eligibility.
- (2)     Make available to the county department all documents needed to  
determine eligibility and share of cost, as specified in  
Sections 50167 through 50172.
- (3)     Report all facts that are pertinent to the determination of  
eligibility and share of cost.
- (4)     Report any changes in the facts pertinent to the determination  
of eligibility and share of cost within 10 calendar days  
following the date the change occurred.
- (5)     Cooperate fully in any investigation that may be required for  
quality control.
- (6)     Report and utilize other health care coverage available to the

individual or family group in accordance with Section 50763.

- (7) Complete Medi-Cal status reports in accordance with Section 50191(a) or (b).
- (8) Promptly notify the county department which initially established Medi-Cal eligibility of any changes in residence from one county to another within the state and apply for a redetermination of eligibility within the new county of residence." "Apply for a redetermination of eligibility", as used in this section, is defined as any clear expression to the county department, whether verbal or written, that the beneficiary is living in the county and wishes to continue receiving Medi-Cal.
- (9) Cooperate with the state, county department, and the district attorney's office in all of the following:
  - (A) Establishing paternity for a child born out of wedlock for whom Medi-Cal is requested;
  - (B) Obtaining medical support and payments; and
  - (C) Providing all of the information requested by the state, county department, and district attorney's office, which is necessary to identify, locate, and pursue any third

party, including an absent parent, who is or may be liable for medical care and services or support.

(10) In the case of a child who was born out of wedlock or whose parent is absent from the home:

(A) Complete the Child Support Questionnaire (CA 2.1 Questionnaire), the Child/Spousal and Medical Support Notice and Agreement (CA 2.1 Notice and Agreement), and any additional forms specified by the district attorney and approved by the Department of Health Services;

(B) Appear at the county department and at the office of the district attorney to provide information, if requested;

(C) Provide to the county department and to the district attorney oral or written information which is relevant to the case.

(D) Appear as a witness in court or in other hearings and proceedings relating to (9) and (10) above.

(11) Assign to the state all rights to any medical support and to payments for medical care from any third party, as specified in Section 50157.

(b) Applicants and recipients whose eligibility is determined by the Social Security Administration shall as a condition of eligibility comply with subsections (a) 9, 10, and 11 above and report to the Department and utilize other health care coverage available to them in accordance with Section 57063.

(c) no change

(d) no change

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 10740, 11004(a) and (b), 11053, 14001, 14008.6, 14011, 14016(a), and 14100.1, Welfare and Institutions Code.

50227. Public Assistance Cash Grant Program

(a) no change

(b) Except as provided in (d) and (e) below persons receiving a cash grant under any one of the programs specified in (a) shall automatically receive a Medi-Cal card for each month in which they receive the cash grant.

(c) Except as provided in (d) and (e) below persons not currently in receipt of a cash grant under one of the programs specified in (a), shall automatically receive a Medi-Cal card for each month in which they are ineligible for the cash grant because of either of the following reasons:

(1) Their cash grant has been suspended for an administrative reason such as to:

- (A) Determine the amount of the cash grant.
- (B) Adjust an overpayment.
- (C) Change the recipient's representative payee.

(2) They are in the Zero Basic Grant category because the net income of the family exceeds the AFDC payment standard but does not exceed the Minimum Basic Standard of Adequate Care (MBSAC).

(d) Persons who (1) fail to assign to the state their rights or the rights of individuals for whom they can legally assign rights to medical support and/or (2) fail to cooperate, without good cause, in identifying and providing information regarding any other coverage or any third party who is or may be liable to pay for medical coverage, care, services, or support payments (including individuals required to cooperate in the establishment of paternity) shall be ineligible for Medi-Cal.

(d)(e) Persons shall not be considered Public Assistance recipients for purposes of Medi-Cal eligibility when the following conditions exist. The person is both:

- (1) Age 21 or older.
- (2) Receiving AFDC for which federal financial participation is not obtainable or EA as part of an unemployed parent family.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code; and Section 87, Chapter 1594, Statutes of 1982, SB 2012.  
Reference: Sections 11250.5, 11406.5 and 14005.1, and 14008.6, Welfare and Institutions Code.

50351. Responsible Relatives.

(a-c) No Change.

(d) ~~---A--Medi-Cal--applicant--or-beneficiary-shall--not-be--required;--as--a  
condition-of-eligibility;--to--cooperate-with-an-referral-to-or-attempt  
by-an-agency-to-collect-support-from-a-responsible-relative.~~

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code; and Section 87, Chapter 1594, Statutes of 1982. Reference: Sections 14008, 14008.6, and 14010, Welfare and Institutions Code; Sections 25.9 and 34.7, Civil Code.

50379. Ineligible Members of the Medi-Cal Family Budget Unit.

(a) Persons who are ineligible for Medi-Cal for any of the following reasons shall be ineligible members of the MFBU, as limited by (b).

- (1) Refusal to apply for a Social Security number.
- (2) Refusal to apply for a health insurance claim number.
- (3) Refusal to apply for and accept unconditionally available income.
- (4) Alien status.
- (5) Inability to meet the basic eligibility criteria for any of the Medi-Cal programs.
- (6) Parents who reside outside the state and who claim their children residing in the state as dependents in order to receive a tax credit or deduction for state or federal income tax purposes.
- (7) Refusal by a parent or caretaker relative to assign to the state all rights to medical support and payments for medical care from any third party.
- (8) Refusal by a parent or caretaker relative, without good cause as specified in Section 50771.5, to cooperate in establishing paternity for a child born out of wedlock for whom aid is requested and in obtaining medical support and payments, and in identifying and providing information concerning any third party who is or may be liable to pay for medical care or support.

(b-g) No Change.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and



Institutions Code; Section 87(c), Chapter 1594, Statutes of 1982; and Section 14, Chapter 1447, Statutes of 1984. Reference: Sections 14005.4, 14005.7, 14005.8, 14005.12, and 14008 and 14008.6, Welfare and Institutions Code.

50771.5. Determination of Good Cause for Refusal to Cooperate.

- (a) Good cause exists when cooperation is against the best interest, as specified in (b) and (c) below, of an applicant, beneficiary, or child for whom application is made or Medi-Cal received. These regulations shall not preclude the county welfare department from making referrals to the district attorney for assistance in the investigation of good cause claims.
- (b) Good cause exists if the applicant's or beneficiary's cooperation in securing medical support and payments, establishing paternity, identifying and providing information concerning liable or potentially liable third parties is reasonably anticipated to result in serious physical or emotional harm:
- (1) To the child for whom support is to be sought;
  - (2) To the parent or caretaker relative with whom the child is living as specified in (d) below.
- (c) The county believes that proceeding to secure medical support or establish paternity would be detrimental to the child for whom such support would be sought because at least one of the following circumstances exists:
- (1) The child for whom such support is sought was conceived as a result of incest or forcible rape;
  - (2) Legal proceedings for the adoption of the child are pending

before a court of competent jurisdiction; or

- (3) The applicant or beneficiary is currently being assisted by a public or licensed private social service agency to resolve the issue of whether to keep the child or relinquish him/her for adoption, and the discussions have not gone on for more than three months.
- (d) Serious physical or emotional harm as it relates to the parent or caretaker relative means substantial reduction of the capacity of the parent or caretaker relative to care for the child adequately. The mere belief of the parent, caretaker relative, applicant, or beneficiary that cooperation could or would result in harm shall not be a sufficient basis for finding good cause.
- (e) A finding of good cause for emotional harm shall be based only upon a demonstration of an emotional impairment that substantially affects the individual's functioning. The county shall consider the following when determining emotional harm:
- (1) The present emotional state of the individual subject to emotional harm;
- (2) The emotional health history of the individual subject to emotional harm;
- (3) The intensity and probable duration of the emotional impairment;
- (4) The degree of cooperation to be required; and

(5) The extent of the involvement of the individual in the paternity establishment or support enforcement activity to be undertaken.

(f) An applicant, beneficiary, parent, or caretaker relative who claims to have good cause for refusing to cooperate shall have the burden of proof in establishing the existence of good cause. The individual shall be required to:

(1) Specify the circumstances described in (b) above that the individual believes provides sufficient good cause for not cooperating;

(2) Provide sufficient information (such as the putative father or absent parent's name and address, if known) to permit an investigation pursuant to (1) below; and

(3) Provide corroborative evidence as described in Section 50771.5 (g) within 20 days from the day the claim of good cause was made. In exceptional cases, where the county determines the individual requires additional time because of the difficulty of obtaining corroborative evidence, a reasonable additional period of time shall be allowed upon request of the individual and approval by county supervisory personnel.

(g) Good Cause may be corroborated by:

(1) Birth certificates or medical or law enforcement records which indicate that the child was conceived as the result of incest or

forcible rape;

- (2) Court documents or other records which indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;
- (3) Court, medical, criminal, child protective services, psychological, or law enforcement records which indicate that the putative father or absent parent might inflict physical or emotional harm on the child, parent, or caretaker relative;
- (4) Medical records which indicate emotional health history and the present emotional health status of the parent, caretaker relative, or the child for whom support would be sought; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of the parent, caretaker relative, or the child for whom support would be sought;
- (5) A written statement from a public or licensed private social service agency that the applicant or beneficiary is being assisted by the agency to resolve the issue of whether to keep the child or relinquish him/her for adoption.
- (6) Statements under penalty of perjury from individuals, other than the applicant or beneficiary, with actual knowledge of the

circumstances which provide the basis for the good cause claim.

(h) The county shall examine the corroborative evidence supplied by the applicant, beneficiary, parent, or caretaker relative to ensure that it actually verifies the good cause claim.

(i) If, after examining the corroborative evidence submitted by the individual, the county wishes to request additional corroborative evidence which is needed to justify a determination of good cause, the county shall:

(1) Promptly inform the applicant or beneficiary that additional corroborative evidence is needed; and

(2) Specify the type of evidence which is needed.

(j) Upon request, the county shall:

(1) Advise the applicant or beneficiary how to obtain the necessary evidence.

(2) Make a reasonable effort to obtain specific information which the applicant or beneficiary is not reasonably able to obtain without assistance.

(k) Where a claim is based on the individual's anticipation of physical

harm as defined in (d) above and corroborative evidence is not submitted in support of the claim:

(1) The county shall make reasonable efforts to investigate the good cause claim when it believes that:

(A) The claim is credible without corroborative evidence; and

(B) Corroborative evidence is not available.

(2) Good cause shall be found if the claimant's statement and the investigation which is conducted satisfy the county that the individual has good cause for refusing to cooperate.

(3) A determination that good cause exists shall be reviewed and approved or disapproved by county supervisory personnel and the county's findings shall be recorded in the case record.

(1) In the course of determining whether good cause exists, the county shall not contact the absent parent or putative father from whom support would be sought unless such contact is determined to be necessary to establish the good cause claim.

(1) Prior to making contact with the absent parent or putative father, the county will inform the applicant or beneficiary that the absent parent or putative father may be contacted unless the

applicant or beneficiary:

(A) Presents additional corroborative evidence or information so that contact with the parent or putative father becomes unnecessary.

(B) Withdraws the application for assistance or requests discontinuance.

(2) The county shall inform the applicant or beneficiary that he/she may request the good cause claim be denied. If the applicant or beneficiary makes this request, the county shall send the appropriate Notice of Action.

(m) Prior to making a final determination of good cause for refusing to cooperate, the county shall:

(1) Afford the district attorney the opportunity to review and comment on the findings and basis for the proposed determination;

(2) Consider any recommendation from the district attorney; and

(3) Give the district attorney the opportunity to participate as a witness in any hearing (under the Department of Social Services Manual of Policies and Procedures (DSS-MMP) Chapter 22-000) that



results from an applicant's or beneficiary's appeal of any county action relating to establishing paternity or securing medical support.

- (n) The county shall determine whether good cause does or does not exist, based on the applicant's or beneficiary's statement, together with the corroborative evidence, if the statement and evidence provide a sufficient basis for making a determination. The county may further verify the good cause claim through an investigation if necessary.
- (o) The determination of whether or not good cause exists shall be made within 45 days from the day the good cause claim is made. This time standard may be exceeded only where the case record documents that the county needs additional time because:
- (1) The information required to verify the claim cannot reasonably be obtained within 45 days: or
- (2) The applicant or beneficiary did not provide corroborative evidence within the period required by (f)(3).
- (p) The applicant or beneficiary shall be notified on the appropriate Notice of Action form of the final determination that good cause does or does not exist. If good cause does not exist, the notice shall also specify that:

- (1) The applicant or beneficiary will be afforded an opportunity to cooperate, to withdraw the application for assistance, or to have the case closed; and
  - (2) Continued refusal to cooperate will result in ineligibility for the applicant or beneficiary who refuses, in accordance with Section 50379; however eligibility will be granted for the other members of the MFBU, if otherwise eligible.
- (q) If good cause exists, the county shall determine whether medical support enforcement may proceed without unreasonable risk of harm to the child, parent, or caretaker relative if the caretaker relative does not participate in these medical support activities.
- (1) This determination shall be in writing, shall contain the county's findings and basis for the determination, and shall be entered into the case record.
  - (2) If the county determines that good cause exists but determines that the district attorney may proceed to establish paternity or enforce medical support, the county shall notify the applicant or beneficiary to enable such individual to withdraw his/her application or to have the case closed.
  - (3) Prior to making this determination, the county shall afford the district attorney an opportunity to review and comment on the

findings and basis for the proposed determination and shall consider any recommendation from the district attorney.

(r) Good cause may be denied if the individual fails to meet his/her responsibilities as specified in (f) above.

(s) If the district attorney determines that a beneficiary has failed or refused to cooperate within the meaning of Section 50185(a)(9) and (a)(10), the district attorney will provide the county with a statement which specifies the circumstances of the beneficiary's failure or refusal. The county shall take action to terminate aid to the beneficiary only when it has verified on the basis of all available evidence that the beneficiary failed or refused to cooperate without good cause.

(t) The failure of a foster parent or caretaker relative who is not requesting Medi-Cal as part of the child's MFBU, to comply with this requirement shall not affect eligibility for the MFBU members. In foster care situations, the child's natural parent and the placing agency shall be asked to cooperate to the extent possible.

Note: Authority cited: Section 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14008.6, Welfare and Institutions Code.

GUIDELINES FOR THE MEDICAL SUPPORT/  
THIRD PARTY LIABILITY (TPL) PROGRAM

1. PROGRAM BACKGROUND

The Medical Support Program (Welfare and Institutions Code (W&IC), Sections 11490-11492) was established in 1981 by enactment of Senate Bill 1019 (SB 1019) to require noncustodial/absent parents to complete a statement of medical insurance coverage in child support actions taken by the District Attorney's Office.

This program was significantly expanded by changes in federal and state laws (Sections 1902 and 1912 of the Social Security Act and Section 14008.6 W&IC) to require, as a condition of Medi-Cal eligibility, that Medi-Cal applicants/beneficiaries:

a. Assign to the State their rights to any medical support and to third-party payments for medical care.

b. Cooperate in establishing paternity for the purpose of establishing medical support for a child born out of wedlock or for whose paternity is contested for whom aid is requested.

c. Cooperate in identifying and providing information to assist the State in pursuing any third party who may be liable to pay for medical care and services.

The cooperation requirements (b and c above) may be waived if

good cause is established (refer to California Code of Regulations, Title 22, Section 50772).

Title IV-D of the Social Security Act establishes a child and spousal support enforcement program. Federal regulations assign specific responsibilities to the federal and state governments. In California, the State IV-D agency is the Department of Social Services (DSS). The operation of the IV-D program is delegated to the District Attorney (DA) in each county. The Family Support Division (FSD) of the DA normally enforces child, spousal and medical support and request these as part of the support order.

The county welfare department will refer Medi-Cal only absent parent cases to the FSD which will provide full support enforcement services, just as they currently do for AFDC-cash and Foster Care cases. These services will be provided without application or application fee. If a Medi-Cal only applicant refuses to cooperate in the establishment of paternity or medical support, the DA will refer the applicant back to the county for a good cause determination. If an applicant/beneficiary refuses to cooperate with the FSD for reasons not constituting good cause, the FSD will close the support case and notify the county department. Any child or spousal support collections (other than for medical support) received by the FSD for the Medi-Cal only applicant/beneficiary

will be directly distributed to him/her. If a support order specifies a dollar amount to be collected for medical support, the FSD will forward that amount to DHS Recovery Branch to be used to reimburse Medi-Cal for services paid for by Medi-Cal.

## 2. OVERVIEW OF PROCESS

### a. Assignment of Rights

Every beneficiary's rights to medical support/TPL are automatically assigned when he/she receives a Medi-Cal card. The applicant/beneficiary is informed of this on the MC 210 (Coversheet) and the CA 2.1 (Child/Spousal Support Notice and Agreement). The applicant/beneficiary is given the right to refuse such an assignment. However, if the parent/caretaker relative refuses to assign his/her rights or the rights of a child or person for whom he/she may legally assign rights, the parent/caretaker is ineligible. There is no provision for the parent/caretaker to claim good cause for failure to assign rights.

### b. Cooperation in Establishing Paternity

When an applicant/beneficiary indicates (verbally, on the MC 210, or on a MC 176 Status Report) that he/she or someone for whom he/she has the legal right to assign rights has an absent parent or was born out of wedlock, the EW shall explain and have the applicant complete the following forms as appropriate:

1. CA 2.1 (Child/Spousal and Medical Support Notice and Agreement)

2. CA 2.1 (Support Questionnaire) If the applicant agrees to cooperate, this form must be submitted to the DA within 2 working days of furnishing Medi-Cal or, by agreement with the DA, it can be provided immediately upon filing.

The EW will use a CA 371 (Referral to District Attorney for Action on AFDC/Medi-Cal Absent Parent) to route copies of the above documents to the DA. The DA and the EW will communicate subsequent changes on the case or additional information through the CA 371.

c. Cooperation in Providing Third Party Information

All applicants/beneficiaries, as a condition of eligibility, must provide information about any entitlement to medical support and payments. This includes but is not limited to cases where a third party (such as an employer) is responsible for medical care and services.

The EW will give the applicant/beneficiary a DHS 6155 (Health Insurance Questionnaire) to complete and return if he/she has entitlement or indicates possible entitlement to medical insurance. The EW routes the completed DHS 6155 to Recovery Branch. If the applicant/beneficiary indicates entitlement or possible entitlement to health insurance through an absent

parent, use a CA 371 to route copy of the DHS 6155 to the DA also. For procedural information regarding the DHS 6155, see the DHS Procedures Manual 15A.

d. Failure to Cooperate

Title 22, Section 50175 specifies that as a condition of eligibility for Medi-Cal, unless good cause is determined, each applicant/beneficiary will be required to cooperate with the DA. When the DA notifies the county department via the CA 371 (Referral to District Attorney for Action on AFDC or Medi-Cal Absent Parent) that the applicant/beneficiary failed to cooperate in establishing paternity or entitlement to medical support and payments, the county will act upon that information. If the applicant/beneficiary later cooperates with the DA, another CA 371 (or substitute) will be prepared by the DA and transmitted to notify the county department to restore eligibility.

Any applicant/beneficiary may elect to withdraw his/her application if he/she does not wish to assign his/her rights or the rights of any other specified person to medical support and payments.

e. Good Cause

Generally, good cause for refusing to cooperate in establishing paternity and identifying TPL to secure medical support and



payments may be granted if serious physical or emotional harm to the child or applicant/beneficiary is reasonably anticipated to result from cooperation. The applicant/beneficiary has the burden of proof when establishing good cause. Refer to Title 22, Section 50772 for a complete discussion of good cause criteria.

The EW will provide the applicant with a **CA 51 (Support Good Cause for Noncooperation)** when the applicant/beneficiary claims good cause for failure to cooperate in establishing paternity. (Note: This form is only used for the child and spousal support program and not for other cases of noncooperation.)

If an applicant/beneficiary claims to have supplied all the information available, but cannot provide the required information regarding the child's paternity, he/she has the right to be referred to the IV-D agency (FSD) for the opportunity to complete an Attestation Statement (CS 870).

f. Notice of Action

If the applicant/beneficiary does not establish good cause for noncooperation, use the **MC 239A (Notice of Action)** to notify him/her of the denial or discontinuance. Some suggested denial language is listed below:

**THE REASON FOR THIS DENIAL/DISCONTINUANCE IS:**

1. You did not give the facts necessary to establish your child(ren)'s paternity in order to get medical support for the

child(ren). Reference: California Code of Regulations (CCR), Title 22, Section 50157 (f)(13).

2. You did not give the facts necessary to identify all sources that may be responsible for your medical care (or the medical care of someone for whom you are responsible). Reference: CCR, Title 22, Section 50157 (f)(13).

3. You did not assign your right (or the right of someone for whom you are responsible) to medical support payments from a third party to the State. Reference: CCR, Title 22, Section 50157 (f)(12).

## Medi-Cal Responsibility Checklist Attachment

I HAVE THE RESPONSIBILITY TO notify my county representative WITHIN 10 DAYS whenever:

I or a member of my family have a change in health insurance coverage.

### I HAVE THE RESPONSIBILITY TO:

Cooperate with the State or county in establishing paternity and identifying any possible medical coverage or support I or my family may be entitled to including coverage or support through an absent parent.

### MEDI-CAL APPLICANT/BENEFICIARY UNDERSTANDING

I understand that as a condition of Medi-Cal eligibility, all rights to medical support and payments for myself and all others for whom I have legal authority to assign, are automatically, by operation of law, assigned to the State.

I hereby state that the above attachment has been reviewed by me with the county representative. I fully understand my responsibilities.

\_\_\_\_\_  
Applicant/Representative Signature

\_\_\_\_\_  
Date

I have explained the responsibilities listed above to the applicant.

\_\_\_\_\_  
County Representative

\_\_\_\_\_  
Date

# CHILD/SPOUSAL AND MEDICAL SUPPORT NOTICE AND AGREEMENT

## Assignment and Cooperation Requirements

You must assign to the county any rights you may have to child or spousal support payments while you are receiving Aid to Families with Dependent Children (AFDC) and any rights you may have to medical support to the state while you are receiving Medi-Cal. The receipt of AFDC check and/or a Medi-Cal card will assign the past and present support rights of all persons for whom you are requesting AFDC and Medical Assistance. At your request, the county will provide information to you on the amount of support paid to the county by the absent parent(s).

## You must cooperate with the County Welfare Department and the District Attorney:

- In identifying and locating any absent parent in your case;
- In establishing the paternity of any child in your case when necessary;
- In obtaining from any absent parent medical support payments and, if you receive AFDC, child/spousal support payments;
- By turning over to the county district attorney any medical support payments given to you on or after this date; and if you receive AFDC, any child/spousal support payments given to you on or after this date;
- By informing the county about medical coverage or payment for medical services paid by the absent parent on or after this date.

## When requested to do so you must:

- Complete the Child Support Questionnaire (Form CA 2.1).
- Complete a statement (CS 870) under penalty of perjury. If you sign the form and you don't give all the facts or you give the wrong information, you could be fined and/or imprisoned.
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate.
- Appear at the County Welfare Department or District Attorney's Office to sign papers or provide necessary information.

## Benefits of Support Enforcement:

Your cooperation may be of value to you and your child(ren) because finding the absent parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The District Attorney will continue to help enforce support after you go off AFDC or Medi-Cal unless you make a request in writing to the District Attorney to stop.

## You have the right:

- To claim Good Cause if you have an acceptable reason for refusing to cooperate in the support enforcement process. If you feel that cooperating would not be in the best interests of your child(ren), you may refuse to cooperate and claim Good Cause. The back of this form explains your right to claim Good Cause in more detail. If you think you might have Good Cause, ask your eligibility worker to explain it to you before signing below.
- To show you are cooperating by filling out and signing a statement (CS 870) under penalty of perjury that you have given all the facts you know about the absent parent(s).

## Penalty Provision:

If you refuse to assign support rights, if you refuse or fail to turn over to the county any support given to you by the absent parent(s), or if you refuse to cooperate in the support enforcement process without Good Cause, the following will apply.

If you are an applicant/recipient of AFDC:

- You will be ineligible for AFDC, but your child(ren) may still be eligible. Their grant will go to another person called a protective payee who will pay the child(ren)'s living expenses, and
- Your case will be referred to the District Attorney.
- You will be ineligible for Medi-Cal benefits, but your child(ren) may still be eligible.

If you are an applicant/recipient of Medi-Cal Only:

- You will be ineligible for Medi-Cal benefits, but your child(ren) may still be eligible.

## Agreement:

- ☐ I agree to cooperate with the County Welfare Department and the District Attorney as specified above.
- ☐ I claim Good Cause and refuse to cooperate at this time.
- ☐ I refuse to assign child/spousal support rights (AFDC).
- ☐ I refuse to assign medical support rights (AFDC and Medi-Cal only cases).

I understand my rights and responsibilities as described above, including the requirement that I assign support rights to the county. I also understand my right to claim Good Cause.

Signature of Applicant or Recipient

Date

I certify that I have notified the applicant or recipient of his or her rights and responsibilities by means of this notice and verbally as needed.

Eligibility Worker's Signature

Eligibility Worker Number

Date

# YOUR RIGHT TO CLAIM GOOD CAUSE

ENCLOSURE 4 Ba

## The only reasons for claiming Good Cause

- Cooperation is expected to result in serious physical harm to the child(ren);
- Cooperation is expected to result in serious emotional harm to the child(ren);
- Cooperation is expected to result in physical harm to you which is so serious that it reduces your ability to care for the child(ren) adequately;
- Cooperation is expected to result in emotional harm to you which is so serious that it reduces your ability to care for the child(ren) adequately;
- The child(ren) were conceived due to incest or forcible rape;
- Court proceedings are going on for the adoption of the child(ren); or
- You are working with a social agency to help you decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.

## How to Claim Good Cause

If you want to claim Good Cause, you must tell your eligibility worker. You can do this whenever you believe you have Good Cause not to cooperate. You must also complete and sign the Good Cause claim form which your eligibility worker will give to you.

If you claim Good Cause you must:

- Give the County Welfare Department evidence needed to determine if you have Good Cause for refusing to cooperate. (If your reason for claiming Good Cause is your fear of physical harm and it is impossible to obtain evidence, the County Welfare Department may still be able to make a Good Cause determination after investigating your claim.)
- Give the necessary evidence within 20 days of claiming Good Cause. The County Welfare Department will only give you more time when it decides that more than 20 days are required to get the evidence.

## What is Acceptable Evidence?

The following are examples of acceptable evidence the County Welfare Department can use to determine if Good Cause exists. If you need help in getting a copy of any of the documents your eligibility worker will help you.

- Birth certificates, or medical or law enforcement records which indicate that the child was conceived due to incest or forcible rape;
- Court documents or other records which indicate that legal proceedings for adoption are pending in court;
- Records which indicate that the absent parent or alleged father might inflict physical or emotional harm on you or the child(ren);
- Medical records which indicate your or your child(ren)'s emotional health history and present health status; or written statements from mental health professionals giving a diagnosis or prognosis on your or your child(ren)'s emotional health.
- A written statement from a social agency confirming that you are being helped to decide whether to place the child for adoption; and.
- Sworn statements from people who know the circumstances of your Good Cause claim. These people could be friends, neighbors, clergymen, social workers and others.

## The County Welfare Department Decides Your Claim

The County Welfare Department will:

- Decide your claim based on the evidence you give, or
- Conduct an investigation to verify and decide your claim. (You may be required to give information such as the absent parent or alleged father's name and address. The County Welfare Department will not contact the absent parent or alleged father without first telling you.)

## District Attorney's Participation

The District Attorney may review the County Welfare Department's findings and the basis for a Good Cause determination in your case. If you request a hearing on the issue of Good Cause, the District Attorney may participate in that hearing.

If the County Welfare Department decides you have Good Cause for not cooperating, the District Attorney may try to establish paternity or collect support only if the County Welfare Department decides that this can be done without risk to you or your child(ren). This will not be done without first telling you.

The District Attorney will not pursue child support enforcement activities until the final determination regarding your Good Cause claim has been made by the County Welfare Department.

# CHILD SUPPORT QUESTIONNAIRE

DEPARTMENT OF SOCIAL SERVICE

REQUIRED FORM — NO  
SUBSTITUTE PERMITTED

ENCLOSURE 5 Front

FOR COUNTY JSE ONLY	STATE CASE NAME	STATE CASE NUMBER	DATE OF APPLICATION
	TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Reapplication <input type="checkbox"/> Additional Child <input type="checkbox"/> Transfer from		

If the parent or parents of any of the child/children for whom assistance is requested are living but are absent from the home, complete the following information. PLEASE PRINT IN INK.

ABSENT PARENTS INFORMATION									
ABSENT PARENT'S LAST NAME		FIRST NAME		MIDDLE NAME		ALSO KNOWN AS (ALIASES)			
LAST KNOWN ADDRESS (STREET, CITY, STATE)			APPROXIMATE DATE		ABSENT PARENT'S BIRTHPLACE			BIRTHDATE	
SEX		RACE		HAIR COLOR		EYE COLOR		HEIGHT	
WEIGHT		MARKS, SCARS, AMPUTATION, TATOOS, ETC.							
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE		MAKE OF CAR		YEAR	
LICENSE PLATE NUMBER		STATE							
NAME OF AUTOMOBILE FINANCE COMPANY				ADDRESS OF FINANCIAL COMPANY (STREET, CITY, STATE)					
ABSENT PARENT'S USUAL OCCUPATION			NAME AND ADDRESS OF LAST KNOWN EMPLOYER					UNION MEMBERSHIP	
IS EMPLOYMENT TERMINATED?		IF YES, APPROXIMATE DATE			IS ABSENT PARENT (CHECK IF PERTINENT)				
<input type="checkbox"/> No <input type="checkbox"/> Yes					<input type="checkbox"/> Self-employed <input type="checkbox"/> A public employee <input type="checkbox"/> Student				
IS ABSENT PARENT IN THE MILITARY?		IF YES, GIVE BRANCH, RANK AND WHERE STATIONED							
<input type="checkbox"/> No <input type="checkbox"/> Yes									
IS ABSENT PARENT A VETERAN?		IF YES, RECEIVING BENEFITS?		AMOUNT OF VETERAN'S BENEFITS					
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		\$					

FRIENDS OR RELATIVE OF ABSENT PARENT		
NAME	ADDRESS	RELATIONSHIP
NAME	ADDRESS	RELATIONSHIP

REASON FOR ABSENCE: <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deported <input type="checkbox"/> Jail or Prison <input type="checkbox"/> Never Married <input type="checkbox"/> Other							
PLACE OF MARRIAGE	DATE	PLACE OF DIVORCE	DATE	PLACE LAST LIVED TOGETHER	DATE		
DOES THIS PARENT PAY SUPPORT MONEY?		IF YES				AMOUNT PER MONTH	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> To you directly <input type="checkbox"/> Through a county agency				\$	
DATE OF LAST SUPPORT MONEY	AMOUNT	IS THERE A COURT ORDER FOR SUPPORT BY THIS PARENT?			ORDER NUMBER		
		<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete next line					
DATE OF ORDER	COUNTY OF ORDER	STATE OF ORDER	AMOUNT ORDERED		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
HAS THIS ABSENT PARENT EVER BEEN ARRESTED?		IF YES, WHERE, WHEN, WHAT FOR					
<input type="checkbox"/> No <input type="checkbox"/> Yes							

ABSENT PARENT'S CHILDREN			
CHILD'S FULL NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	MEDI-CAL NUMBER
CHILD'S FULL NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	MEDI-CAL NUMBER
CHILD'S FULL NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	MEDI-CAL NUMBER
CHILD'S FULL NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	MEDI-CAL NUMBER
CHILD'S FULL NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	MEDI-CAL NUMBER
CHILD'S FULL NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	MEDI-CAL NUMBER

## REFERRAL TO DISTRICT ATTORNEY FOR ACTION ON AFDC/MEDI-CAL ABSENT PARENT

TO DISTRICT ATTORNEY (SPECIFY COUNTY)		DATE OF APPLICATION		DATE OF REFERRAL
APPLICANT/RECIPIENT	(LAST NAME)	(FIRST)	(MIDDLE)	AID TYPE AND CASE NUMBER
ADDRESS REPLY TO:		(E.W. NAME)	(EW NUMBER)	(TELEPHONE NUMBER)
WHEN APPLICANT IS OTHER THAN PARENT TO CHILD(REN), LIST RELATIONSHIP:				

This case is referred to you for action for the reason(s) checked below:

- ☐ Legal action is necessary to obtain financial/medical support.
- ☐ Legal action is necessary to establish paternity.
- ☐ Recipient is receiving direct support payments. Action needed to transfer payments to county.
- ☐ Good Cause has been claimed. Suspend all activities to establish paternity or secure support until notified of final determination of claim.
- ☐ This AFDC case has been discontinued effective (date) \_\_\_\_\_. Reason(s):  
The Medi-Cal case ☐ continues ☐ does not continue.
- ☐ This Medi-Cal Only case has been discontinued effective (date) \_\_\_\_\_. Reason(s):

The following information applies to this case.

- ☐ CA 2.1 Questionnaire has been completed and is attached.
- ☐ Eligibility has been determined. Cash Aid begins (date) \_\_\_\_\_. Medi-Cal begins (date) \_\_\_\_\_.
- ☐ Applicant/recipient has identified absent parent health insurance coverage. A copy of the DHS 6155 is attached.
- ☐ Medi-Cal eligibility has not been determined.
- ☐ This is a relinquishment for adoption case.

Applicant/recipient has not agreed to:

- ☐ Assign accrued financial support/medical support rights.
- ☐ Cooperate in establishing paternity or obtaining financial/medical support.
- ☐ Cooperate in establishing good cause.
- ☐ Forward support payments.

## INFORMATION FROM DISTRICT ATTORNEY TO COUNTY WELFARE DEPARTMENT

ADDRESS REPLY TO	TELEPHONE NUMBER	DA FILE NUMBER
------------------	------------------	----------------

- ☐ Applicant/recipient has cooperated in accordance with federal law.
- ☐ Applicant/recipient has not cooperated in accordance with federal law.
  - ☐ Refuses to appear and/or provide verbal, written or documentary information.
  - ☐ Refuses to appear as a witness at court or other hearing.
  - ☐ Refuses to transmit child support payment(s) received directly from the absent parent.
- ☐ Applicant/recipient has claimed Good Cause for refusal to cooperate and has been provided with a Good Cause claim form.
- ☐ Medi-Cal Only support case was closed based upon beneficiary's request.
  - ☐ This is a notice of renewed cooperation:

COMMENTS:

SIGNATURE OF DA REPRESENTATIVE

TITLE

I feel that cooperating in establishing paternity and obtaining support would not be in the best interests of the child(ren) for whom aid is requested because:

expect it to result in: A) ☐ Physical or  
B) ☐ Emotional harm to the child(ren).

I expect it to result in: C) ☐ Physical or  
D) ☐ Emotional harm to me which is so serious that it reduces my ability to adequately care for the child(ren).

E. ☐ The child(ren) was conceived as a result of rape or incest.

F. ☐ Court proceedings are going on for the adoption of the child(ren).

G. ☐ I am working with a social agency helping me decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.

I believe that cooperation in obtaining support would not be in my best interest because, I expect it to result in:

H. ☐ Physical or I. ☐ Emotional harm to me.

"I want to claim Good Cause for refusing to cooperate for the reason(s) checked above. I understand that I may be asked to prove I have Good Cause for refusing to cooperate."

"Quiero invocar un motivo justificado para negarme a cooperar por las razones marcadas arriba. Entiendo que se me puede pedir que demuestre que tengo un motivo justificado para negarme a cooperar."

SIGNATURE OF APPLICANT OR RECIPIENT  
FIRMA DEL SOLICITANTE O RECIPIENTE

DATE  
FECHA

County use only / Sólo para el uso del condado

TO: DA REPRESENTATIVE

IF APPLICANT/RECIPIENT IS NOT PARENT  
INDICATE RELATIONSHIP

DATE OF APPLICATION

#### PROPOSED DETERMINATION

Good Cause: ☐ does not exist ☐ does not exist based on (Enter A, or B, or C... from above):

COMMENTS:

Child Support Enforcement  
☐ may ☐ may not  
proceed without  
applicant's or  
recipient's participation

REPLY TO: COUNTY WELFARE DEPARTMENT REPRESENTATIVE

WORKER NUMBER

TELEPHONE

DATE

#### DISTRICT ATTORNEY REVIEW OF PROPOSED DETERMINATION

Based on a review of the findings and the proposed determination, it's believed:

Good Cause: ☐ does not exist ☐ does not exist based on (Enter A, or B, or C... from above):

COMMENTS:

Child Support Enforcement  
☐ may ☐ may not  
proceed without applicant's or  
recipient's participation

DA REPRESENTATIVE'S SIGNATURE

TELEPHONE

DATE

#### FINAL DETERMINATION

Good Cause: ☐ does not exist ☐ does not exist based on (Enter A, or B, or C... from above):

status at the time of Good Cause determination: ☐ Applicant ☐ Recipient ☐ AFDC ☐ Medi-Cal only

☐ Applicant has withdrawn application for ☐ AFDC ☐ Medi-Cal only

☐ This case has been discontinued effective \_\_\_\_\_ Reason(s):

Child Support Enforcement  
☐ may ☐ may not  
proceed without  
applicant's or  
recipient's participation

COUNTY WELFARE DEPARTMENT REPRESENTATIVE SIGNATURE

DATE OF DECISION

SUPERVISOR'S SIGNATURE

DATE OF DECISION

#### STATISTICAL SUMMARY (Instructions for completing section are on the back side of the fourth copy.)

CLAIM OR APPLICATION WITH-  
DRAWN OR AID DISCONTINUED  
(COMPLETE 1 AND 2 ONLY)

DATE WITHDRAWN

FINAL DETERMINATION  
(COMPLETE 1-6 IF GOOD  
CAUSE EXISTS OR 1, 2, 7, AND  
8, IF GOOD CAUSE DOES NOT  
EXIST)

DATE OF  
DETERMINATION

STATUS AT TIME OF CLAIM

☐ AFDC ☐ Medi-Cal only

☐ APPLICANT ☐ RECIPIENT

(DATE OF CLAIM)

WAS CLAIM BASED ON PHYSICAL HARM WITHOUT  
EVIDENCE?

☐ YES ☐ NO

3. ☐ GOOD CAUSE EXISTS BASED ON:

(✓) ONE ONLY

- A ☐ PHYSICAL HARM TO CHILD(REN)  
B ☐ EMOTIONAL HARM TO CHILD(REN)  
C ☐ PHYSICAL HARM TO CARETAKER  
D ☐ EMOTIONAL HARM TO CARETAKER  
E ☐ INCEST OR FORCIBLE RAPE  
F ☐ LEGAL ADOPTION BEFORE COURT  
G ☐ PREADoption SERVICES

4. WAS DETERMINATION BASED ON PHYSICAL HARM WITHOUT  
EVIDENCE?

☐ YES ☐ NO

5. WAS DETERMINATION BASED SOLELY ON EXAMINATION OF EVIDENCE  
WITHOUT INVESTIGATION?

☐ YES ☐ NO

6. MAY ENFORCEMENT PROCEED WITHOUT APPLICANT/RECIPIENT  
PARTICIPATION?

☐ YES ☐ NO

7. ☐ GOOD CAUSE DOES NOT EXIST.

8. WAS CLAIMANT AN APPLICANT AT TIME OF CLAIM, BUT A RECIPIENT  
AT FINAL DETERMINATION?

☐ YES ☐ NO

County Use Only

Sólo para el uso del condado

CASE NAME

CASE NUMBER

NAME OF CHILD(REN) INVOLVED

ABSENT PARENT INVOLVED

#### EVIDENCE PROVIDED

- ☐ No investigation  
☐ No evidence provided  
☐ Birth certificate  
☐ Medical records  
☐ Court documents  
☐ Social agency letter  
☐ Mental health professional letter  
☐ Sworn statement from other person  
☐ Other

#### PUTATIVE FATHER CONTACT

- ☐ Applicant/Recipient informed  
in advance  
☐ Applicant/Recipient  
provided more evidence  
☐ withdrew application  
☐ requested discontinuance  
☐ requested claim be denied

DATE PUTATIVE FATHER CONTACTED



## INSTRUCTIONS

## INDIVIDUAL CASE REPORT

The statistical summary section is to be completed when a final claim determination is made or when a claim is withdrawn. A claim is considered withdrawn if the applicant/recipient withdrew the claim; withdrew the application; request discontinuance; or if the county cancelled or otherwise disposed of the claim **before** a final determination is made.

**CLAIM WITHDRAWN** - If claim or application was withdrawn or aid discontinued, check (✓) box and enter date when claim was withdrawn. Complete items 1 and 2 and leave rest of items blank.

**FINAL DETERMINATION** - If a final determination was made, check (✓) box and enter date when the final determination was made. Complete items 1 - 6 if determined that good cause exists or items 1, 2, 7, and 8 if determined that good cause does not exist.

1. Enter the date when claim was made and check (✓) appropriate status box.
  - check "applicant" for new application or restoration.
  - check "recipient" for a redetermination or intercounty transfer.
2. Based on the claim made, determine if YES or NO and check (✓) appropriate box.
  - check YES if reason given was physical harm to child and/or caretaker and **no** evidence was available, i.e., evidence does not exist.
  - otherwise, check NO.

**NOTE:** If more than one reason was given and one of the reasons was physical harm to child and/or caretaker, then:

- check YES if the final determination was based **solely** on the physical harm to child and/or caretaker **without** any evidence.
- otherwise, check NO.

3. If determined that good cause exists, check (✓) box.

3A - 3G. check (✓) only one box for the good cause circumstance (reason). The good cause circumstance is the one upon which the **county's findings** determines that good cause exists. If based on more than one circumstance, check the most significant.

4. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box.
  - check YES if based **solely** on physical harm to child and/or caretaker **without** any evidence.
  - otherwise, check NO.

**NOTE:** If checked YES, then items 2 must be checked YES and item 5 must be checked NO.

5. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box.
  - check YES if based on evidence only, i.e., no investigation was conducted.
  - otherwise, check NO.

**NOTE:** If checked YES, then items 2 and 4 must be checked NO.

6. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box.
  - check YES if determined that enforcement may proceed without applicant/recipient participation.
  - otherwise, check NO.

7. If determined that good cause does not exist, check (✓) box.

8. Based on the final determination that good cause does not exist, determine if YES or NO and check (✓) appropriate box.

- check YES if determined that good cause does not exist but claimant's application or restoration request already had been approved.
- otherwise, check NO

# ATTESTATION STATEMENT

ATTESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COUNTY NAME

I, \_\_\_\_\_ have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

- ☐ 1. I do not know the identity of the parent of the child(ren) because: (state reason(s))
- ☐ 2. I have named \_\_\_\_\_ as the parent of the child(ren).  
 However, I do not know the parent(s)' residence and/or employer because: (state reason(s))
- ☐ 3. I do not have or know any other information that might assist the District Attorney in identifying or locating the parent of the child(ren), because: (state reason(s) if different)

SAMPLE

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)'s parent.

Signed:

\_\_\_\_\_  
 \_\_\_\_\_

Date Signed

Attested by:

\_\_\_\_\_  
 \_\_\_\_\_  
 County Support Officer

Date Signed